



Office of Human Resources and Employee Relations

CHANGE OF NAME/ADDRESS/EMERGENCY CONTACT FORM

(Name change will not be processed without new social security card and driver's license)

Employee name: _____ Soc. Sec. # _____
(Previous/Current Name)

Division/Department: _____ Emp. Type: _____

Old Address: _____
Street
City State Zip
(_____)
Phone Number

Effective Date of Change: _____

() New Name: _____

() New Address: _____
Street
City State Zip

() New Phone Number: (____) _____

() New Emergency Contact: _____

Relationship to Employee: _____

Employee Signature - (Sign, Date & Return to HR) _____ Date _____

Do you want to change your email address to reflect your new name? Yes No
Do you want to change your benefits/beneficiary designation? Yes No
Do you want to change your W-4 withholding? Yes No

New forms are available at the Human Resources front desk for benefits/beneficiary designation and W-4 withholding.

OFFICE USE ONLY

Date changed in Banner: _____ by: _____

Cc: Payroll Personnel Benefits ITS Division Supervisor